NEVADA STATE DEPARTMENT OF AGRICULTURE

AERIAL / AG. GROUND CUSTOM PEST CONTROL BUSINESS LICENSE APPLICATION

Applicant:	A. Individual:						
			2				
	3		4				
	C. Corporation:						
Doing-Busines	ss As:						
Nevada Mailin	g Address:			ZIP (Code:	- _	
Out-of-State M	Iailing Address:			ZIP (Code:	- _	
Federal Identif	fication Number:						
			FAX: ()				
E-Mail Addres	ss:						
		<u>LICENS</u>	SE CATEGORIES				
A. <u>AERIAL</u>	APPLIED FOR	APPROVED	B. <u>AG.GROUND</u>	APPLIED FO	OR APPROV	<u>ED</u>	
1. Insecticides	sG	G	1. Insecticides	G	G		
2. Herbicides.	G	G	2. Herbicides	G	G		
3. Desiccants	& DefoliantsG	G	3. Desiccants & Defo	oliantsG	G		
4. Fungicides	& Bactericides.G	G	4. Fungicides & Bacte	ericidesG	G		
			5 Rodenticides	G	G		
	.		<u>FEES</u>	*** *********************************			
			1 x \$250.00 = x \$ 50.00				
EACH Agent			x \$350.00 (Number)	= \$			
			(Number)	\$ TC	OTAL FEES (Double	Check)
Number of Bus	siness Locations in Neva	nda:(indicate tota	al number of business location	ns in <u>Nevada</u>).			
Address of Bus	siness Location #1:			Phon	ne ()		
List Name(s) o	of Principal(s) Responsib	ble for Business Location #	# 1:				
1		2		3			
		<u>AERI</u>	AL EQUIPMENT				
Type or Make	e of Aircraft	"N"	Hopper or Tank (Capacity		Pressur	e (PSI)
· 							
APPLICA	NT'S SIGNATUR	.E:		DATE:			
Return this app	plication to: Nevada De	partment of Agriculture, 2	2300 McLeod Street, Las Veg	gas, Nevada 89104	-4314; Phone	(702) 43	86-4690
		FOR DEPAR	TMENTAL USE ONLY				
		Date:/_		ed By:		/	_/
		Date:/		Donortmontal Num			
Lic. Status: ∟	inew, ⊔ Kenewai l	rermanent Lic. Number:_	I	Departmental Num	.uer:		

			P	KIMAKYI	PRIN	CIPA	L AN										
□Pri	mary l	Princip	pal or □Pr	rincipal:											NSE OR S 555.290	YOUR), 555.325)!	
Name:								☐ I am not subject to a court order for the support of a child.									
Home Address:								☐ I am subject to a court order for the support of one or more children and am									
P.O. 1	Box:_															proved by the	
City/S	State/Z	Zip:							•		-		-	g the ord	ler for the	e repayment	
Home	Phon	ie ()						nount ov					C			
				t? G Yes (ildren and an istrict attorne	
NV. Drivers License Number									public a	-			-	ipproved	ı by me u	istrict attorne	
Aircra	aft Pes	st Con	trol Hours:	·				or other	puone a	gencyc	moreing	, uic oru	CI.				
111101	urt 1 0.	or Con	troi frouis.	·				Applica	nt's Soc	ial Secu	ırity nur	nber: _					
<i>(</i> D			0.1.7.					Date:									
(Depa			se Only, Li 	c.#:)	Signature of applicant:									
	Ae	erial			Groui	nd			Urbai	n/Struct	tural						
A 1	A2	A3	A4	B1	B2	В3	B4	B5	C1	C2				C6	C7		
				0	PER	ATO	R LI	CENS	ING II	NFOR	MATI	ON					
Nome								YOU M	IUST M.	ARK T	HE API	PROPR			NSE OR		
Name:								LICENSE APPLICATION WILL BE DENIED (NRS 555.290, 555.325)!									
Home Address:								☐ I am not subject to a court order for the support of a child.									
P.O. Box:								☐ I am subject to a court order for the support of one or more children and an									
City/S	State/Z	Zip:						in compliance with the order or am in compliance with a plan approved by the									
Home	e Phon	ie ()					district attorney or other public agency enforcing the order for the repayment									
FAA	Licens	ses; Ra	atings:					of the amount owed pursuant to the order; OR I am subject to a court order for the support of one or more children and an not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.									
Aircr	aft Pes	st Con	trol Hours:	·													
(D				,			,										
(рер	artme	entai C	Jse Only,	Lic.#:)										
							Applicant's Social Security number:										
									re of ap	olicant:							
	Αε	erial	<u>-</u>	Agricultural Groui				Signature of applicant: und Urban/Structural									
Λ1		A3	A 4		_			В5	C1	C_2	C_2	C4	C5	C6	C7		
A1	AZ	\Box	A4	□ □	D∠ □	D 3	D4 □	D D				C4 □					
					<u>A</u>	GEN	<u>I LI</u>	CENS					IATE E	ESPON	NSE OR	VOUR	
Name:								LICEN	SE APP	LICAT	ION WI	LL BE	DENIE	D (NRS	555.290	, 555.325)!	
Home Address:							☐ I am not subject to a court order for the support of a child.										
							☐ I am subject to a court order for the support of one or more children and an										
P.O. Box:								•									
City/State/Zip:								in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; OR									
															☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney		
(Departmental Use Only, Lic.#:)								or other public agency enforcing the order.									
							Applicant's Social Security number:										
							Date: Signature of applicant:										
							Signatu	re of ap	plicant:								
	Aerial Agricultural Grou					Groui	nd			Urbai	n/Struct	tural					
A 1	A2	A3	A4	B1	B2	В3	В4	B5	C1	C2	C3	C4	C5	C6	C7		